

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 2 - 0 0 2

2. STATE:

California

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902(a)(10)(A)(ii)(X)

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 744,000.00b. FFY 2003 \$ 992,000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 8a to Attachment 2.6A, Page 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 8a to Attachment 2.6A, Page 6

10. SUBJECT OF AMENDMENT: To include the language in the Aged & Disabled Federal Poverty Level
(A&D FPL) program to say "the income standard of the A&D FPL program shall not be less than
the SSI/SSP payment level for a disabled individual or, in the case of a couple, the
SSI/SSP payment level for a disabled couple".

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor's office
does not wish to review State Plan
Amendments.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gail Margolis

14. TITLE:

Deputy Director

15. DATE SUBMITTED:

3/29/02

16. RETURN TO:

Barabara Hardiman
State Plan Coordinator
Department of Health Services
714 P Street, Room 1601
Sacramento, CA 94234-7320**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

March 29, 2002

18. DATE APPROVED:

May 31, 2002**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Linda Minamoto

22. TITLE:

Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

**METHODOLOGIES FOR TREATMENT OF INCOME THAT DIFFER FROM THOSE OF THE
SSI AND AFDC PROGRAM (Less Restrictive Than SSI and AFDC)**

1902(a)(10)(A)(ii)(X) of the Act

Countable income, as determined in accordance with Section 1902(m) of the Act, does not exceed an income standard equal to 100 percent of federal poverty level for 1 or 2 persons.

As permitted under Section 1902(r)(2) an income disregard of \$230 for an individual or in a case of a couple a \$310 income disregard. If such disregards are not sufficient to result in an effective income level equal to the SSI/SSP payment level for a disabled individual or, in the case of a couple, the SSI/SSP payment level for a disabled couple, then an income disregard sufficient to achieve that result.

Including a deduction, equal to the Medically-Needy maintenance need level for the number of ineligible members in the family budget unit. Please refer to Supplement 1 to Attachment 2.6-A, page 6 for Medically Needy maintenance need levels.